## REMARKS

### A. Summary of the Interview

Applicant is grateful to the Examiner for the courtesy extended to the Applicant's representative during the telephone interview held on March 22, 2006. During the interview, the Examiner provided clarification on the pending rejections based on Kehr and Brown. The Examiner also suggested amending the claims to include further processing of the record of the unforeseen self-administration to "achieve a useful result".

### B. Status of the Claims

Currently, claims 1-20 have been cancelled and claims 21-43 are pending and presented for examination.

The Advisory Action issued on February 1, 2006 has maintained the claim rejections set forth in the Office Action of March 8, 2005. Accordingly, claims 21-25, 27-28, 31-32, and 35-43 still stand rejected under 35 U.S.C. §103(a) as allegedly being unpatentable over U.S. Patent No. 6,161,095 to Brown ("Brown"), in view of U.S. Patent No. 5,642,731 to Kehr ("Kehr"). Claim 26 stands rejected under 35 U.S.C. §103(a) as allegedly being unpatentable over Brown and Kehr, in view of U.S. Patent No. 5,642,731 to Cummings, Jr. ("Cummings"). Claim 29 stands rejected under 35 U.S.C. §103(a) as allegedly being unpatentable over Brown and Kehr, in view of U.S. Patent No. 4,847,764 to Halvorson ("Halvorson). Claim 30 stands rejected under 35 U.S.C. §103(a) as allegedly being unpatentable over Brown and Kehr, in view of Campbell (Campbell, Sandy "Accordant meets the challenges that rare chronic diseases pose for managed care", Health Care Strategic Management, August

1996). Claims 33-34 stand rejected under 35 U.S.C. §103(a) as being unpatentable over Brown and Kehr, in view of U.S. Patent No. 5,774,865 to Glynn ("Glynn").

Independent claims 21, 32, 36, and 40 have been amended to further clarify the invention. For example, claim 21 now recites, *inter alia*, "wherein the record is added to the database and sent directly to a doctor who provides medical services to the patient to alert said doctor about said unforeseen self-administration of a medical treatment." This amendment finds support in the specification at page 28, line 7 to page 29, line 2; page 30 lines 5-8, and in Figure 6. Similar amendments have been made to independent claims 32 and 40. Independent claim 36 has been amended to recite, *inter alia*, "sending said record to a doctor who provides medical services to the patient to alert said doctor about said unforeseen self-administration of a medical treatment". Support for this amendment is found at page 14, lines 5-15.

B. Applicant's Claims Are Patentable Over The Cited References

Applicant respectfully traverses the rejection of claims 21-45 under 35 U.S.C. §103(a). Briefly, the references, alone or in combination, do not appear to teach, disclose, or suggest all of the claimed elements of Applicant's claims. Accordingly, the rejections of these claims under 35 U.S.C. §103(a) should be withdrawn. MPEP §2143.

As previously noted, Brown is directed to a network-based system that is designed to help enforce treatment regimen compliance and efficacy. Accordingly, Brown does not teach generating, by a patient, a record of the patient's unforeseen self-administration of a medical treatment, a point with which the Examiner agrees (see March 8, 2005 Office Action, ¶6]. Kehr suggests that patients can take pills at "unscheduled times" [see, e.g., Kehr, col. 4,

lines 14-15], and provides an "unscheduled pill" routine [col. 15, lines 10-24] to generate a record of taking an unscheduled pill.

However, even if Brown and Kehr are combined to provide a system that can generate a record of taking an unscheduled pill, as proposed by the March 8, 2005 Office Action, Applicant does not see where the resulting combination of references teaches, discloses, or suggests sending the record "directly to a doctor who provides medical services to the patient to alert [the] doctor about [the] unforeseen self-administration of a medical treatment" as recited in Applicant's amended claims 21, 32, and 40, as well as the corresponding dependent claims. Similarly, Applicant does not see where the combination of Brown and Kehr teaches a "medical treatment logging database comprising...software stored in the memory and executable on the processor for performing functions comprising…sending said record to a doctor who provides medical services to the patient to alert said doctor about said unforeseen self-administration of a medical treatment" as recited in Applicant's claim 36.

None of the tertiary references cited by the March 8, 2005 Office Action appear to relieve these deficiencies of Brown and Kehr. Accordingly, Applicant respectfully requests reconsideration and withdrawal of the rejection of Applicant's claims 21-45 under 35 U.S.C. §103(a).

## CONCLUSION

Based on the foregoing amendments and remarks, Applicants respectfully request reconsideration and withdrawal of the rejection of claims and allowance of this application.

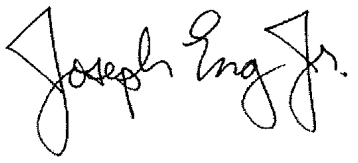
## AUTHORIZATION

The Commissioner is hereby authorized to charge any additional fees which may be required for consideration of this Amendment to Deposit Account No. **13-4500**, Order No. 4297-4017. A DUPLICATE OF THIS DOCUMENT IS ATTACHED.

In the event that an extension of time is required, or which may be required in addition to that requested in a petition for an extension of time, the Commissioner is requested to grant a petition for that extension of time which is required to make this response timely and is hereby authorized to charge any fee for such an extension of time or credit any overpayment for an extension of time to Deposit Account No. **13-4500**, Order No. 4297-4017. A DUPLICATE OF THIS DOCUMENT IS ATTACHED.

Respectfully submitted,
MORGAN & FINNEGAN, L.L.P.

Dated: April 7, 2006

By: 

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